MDG Countdown 2013 Case Study Template

MDG(s): 4. Reduce Child Mortality ***Country:*** Dominican Republic

Title *of the program/project:* Maternal Child Health Integrated Program (MCHIP)
Dates *running:* 2009 - 2013
Brief summary *of the program/project and the problem it addresses:*

The goal of USAID's Maternal and Child Health Integrated Program (MCHIP) is to scale up evidence-based, high impact maternal, newborn and child health interventions toward reductions in maternal and child mortality. In the Dominican Republic, the program focuses on newborn health, as 80% of national infant mortality is among babies under 28 days old, of which 65% is among babies in the first week of life. The main causes of newborn deaths are infections, asphyxia (intrapartum events), and complications related to prematurity. Up to 80% of newborn deaths occur in low birth weight or premature babies. The project provides technical assistance to public sector hospitals to implement interventions of proven effectiveness to address the main causes of newborn deaths. It works with the USAID Centers of Excellence program in 10 public hospitals.

What ***results*** *did the program/project achieve?*

The national infant mortality rate in the Dominican Republic has reduced dramatically in recent years, due to the efforts of the Ministry of Health, with support from USAID and other partners. Comparing the same periods of the year in 2012 and 2013, there was a reduction from 1591 infant deaths to 1250 infant deaths, a 21% decline in infant mortality. Kangaroo Mother Care entails skin-to-skin contact, promotion of breastfeeding, and close accompaniment of mother and baby using rigorous follow-up to minimize disabilities. The USAID-supported Kangaroo Mother Care (KMC) program to provide effective care and follow up for premature and low birth weight newborns has had a tremendous impact on reducing mortality at the San Vicente de Paul Hospital, where it was first introduced. This hospital had one of the highest newborn mortality rates in the country, at 46 per 1,000 live births. After three years of implementation (2009-2012), the newborn mortality rate at this hospital had almost halved, reducing to 26 per 1,000 live births (by reducing the proportion of newborn deaths due to prematurity from 90% in 2008, to 50% in 2012) . This hospital now acts as a training center, and has supported three other hospitals to introduce Kangaroo Mother Care to help save the lives of the most vulnerable newborns.

Did the program/project include a focus on ***empowering girls and women, women's leadership, and/or reducing gender gaps*** *and how did that focus contribute to the results achieved?*

This program was made possible by women's leadership. The empowerment and ownership of the project by female nurses, as well as of female doctors and psychologists

has been vital to the success of the project. The technical leadership and training was provided by women from Colombia and the Dominican Republic. Kangaroo Mother Care (KMC) gives women a central role in the health of their vulnerable newborn. Mother's (and father's) active participation in taking care of her premature newborn empowers the mother to feel that she (rather than only medical staff) can save the baby's life and improve the baby's health with lifelong benefits, including preventing blindness. Maternal empowerment is achieved in a multi-pronged way: 1) Mothers of premature babies feel especially vulnerable and inadequate, in addition to guilty for causing the baby to be born early. By gradually transferring the core caregiver abilities and responsibilities mainly to the mothers (fathers, grand-mothers, sisters and other family members can also provide support), they acquire the needed self-assurance and the mother-baby bond is established. 2) Both baby and mother are less stressed and maternal production of milk is increased and rates of breastfeeding improve.3) Follow-up of the babies is done in a group setting and mothers share their experiences and learn from each other. Mothers also feel more confident taking the newborns home once they are ready for discharge. After discharge, mother's at home can call the program if they have any question. 4) Maternal self-esteem improves as mothers see that they can take care of the emotional and physical needs of their premature babies. Although we have not measures it in the DR, KMC mothers tend to have less depressive symptoms as they feel adequate and empowered to care for their infants. This program also has important implications for the father, as the male partner plays an active role in the survival of the KMC baby through also providing skin to skin contact. This encourages responsible paternity and family stability, as it builds emotional ties with the baby and the mother.

*What has been the **transformational impact** of the policy or program, in the long- or short-term, or both? Please list any **innovative features** (especially with respect to women's empowerment) or unintended positive consequences here.*

Global experts recommend KMC be used for infant's warming, comfort, physiological and behavioral stabilization, sleep, growth, neurodevelopment and psychological benefits, as well as for benefits such as reduction of infections and reduced mortality (by 50% as compared with conventional management of the stable premature infant) . This project has had a transformational impact on reducing newborn mortality. Newborn mortality has been one of the most difficult indicators to shift, due to the poor quality of care in the Dominican Republic, despite almost universal coverage of antenatal visits and delivery at hospitals. From 1991 to 2007, the national infant mortality rate reduced from 59 to 36 per 1,000 live births. However, over the same period, newborn mortality only changed from 24 to 23 per 1,000 live births. Expansion of this intervention to the hospitals with the largest volumes of births and highest rates of newborn deaths could enable the country to save the lives of significant numbers of children, who this experience has shown do not have to die just because they are born too soon. Also, there was no standardized program to follow up premature babies in the DR, and the KMC program has been instrumental in implementing this important strategy. By early identification and management of common complications such as retinopathy of prematurity, brain hemorrhage, and others, that can cause severe disability.

*How might the project be **scalable or replicable** in other places?*

This project is been scaled up to three additional hospitals using the pilot hospital as a training center.Seeing the impact shown in this first group of hospitals, the Ministry of Health has expressed interest in adopting KMC as a vital intervention for saving newborn lives at national scale, but funding needs yet to be allocated.For scale up to be successful, experience has shown that there needs to be local technical assistance, leadership of the hospital director, and staff within Maternal and Child Health services need to be committed to the additional workload of consistent follow-up of the newborns.

*Are there **communications materials** (e.g., good result story with impact stats, films, quotes from beneficiaries, images, etc.) available on the project or policy? Please provide a URL link and/or include attachments.*

Three photos are attached.

http://www.mchip.net/node/719

*Can you identify **potential speakers** for the MDG Countdown event the week of September 23? We are looking for engaging and dynamic presenters who might be willing to present the case study – perhaps an implementer or a beneficiary from the host country. Grassroots voices have made a particular impact at previous Countdown events.*

The ideal grassroots speaker would be Leovigilda "Lucy" Reyes. She would be a powerful and inspiring speaker at the MDG Countdown event. She is the head newborn nurse at the San Vicente de Paul hospital, the first hospital in the Dominican Republic to introduce KMC. The success of this project is in large part due to her dedication and leadership, and she has worked with four other national hospitals to help them create effective KMC programs.

Dr. Goldy Mazia, who provided technical assistance for the implementation of KMC in the Dominican Republic, has been presenting at various global forums and after seeing her presentation at the First Global Newborn Conference in South Africa, she has been asked by the Gates Foundation and Saving Newborn Lives to participate in a global KMC consultation of experts in October 2013 in Turkey.

*Please identify **key players** in the success of the program or policy, consider local or international NGOs, local champions, private sector supporters, etc. and describe the **funding mechanism**.* [Note: The case studies do not need to be funded by USAID or DFID. They can also be initiatives by government, multi-donor, private sector, foundation-funded, etc.]

The technical assistance for this project was funded by USAID and provided by PATH through the USAID Maternal Child Health Integrated Program (MCHIP). The Dominican Ministry of Health delivered the intervention through hospital staff. The project was implemented in partnership with the USAID Centers of Excellence project implemented by Abt Associates. The Colombian Kangaroo Foundation is the training center of excellence and has provided follow-up technical assistance.

Additional Comments:

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